



**Toronto
Pandemic Influenza
Plan**

**A Planning Guide for Homeless and
Housing Service Providers**

 **TORONTO** Public Health

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Disclaimer: This Planning Guide is a tool to support planning for pandemic influenza in the homeless and housing service sector. Toronto Public Health is not responsible for any misinterpretation or misuse of this guide.

1.0 Introduction

Toronto Public Health has prepared a number of planning guides to assist community partners in developing their own pandemic influenza plans. These documents were based on planning assumptions for a moderately severe pandemic and are therefore not meant to provide specific direction for responding to the 2009 H1N1 novel virus. The guides are intended to be used as planning tools. All agencies, businesses and other partners in the community should use these tools alongside the specific advice provided by federal, provincial and local authorities during an actual pandemic situation.

1.1 Purpose of this guide

This general planning guide has three purposes. First, it provides background information on pandemic influenza. Second, it outlines Toronto Public Health's (TPH) role during an influenza pandemic. Third, it identifies issues and critical elements of emergency preparedness that businesses should consider in planning for an influenza pandemic. This guide will help planners develop more detailed business continuity plans for their organization. Although TPH will identify broad public health issues, every organization must plan for the specific disruptions it will face during a pandemic.

The overall goal of pandemic influenza planning is to reduce illness (morbidity), death (mortality), and social disruption resulting from an influenza pandemic. Although this guide identifies specific issues associated with pandemic influenza, much of the information applies to other emergencies as well.

The homeless and housing services providers planning guide is an evolving document and as planning continues at the federal, provincial and local levels, updated information will be added.

For additional information, please refer to the Toronto Pandemic Influenza Plan (http://www.toronto.ca/health/pandemicflu/pandemicflu_plan.htm) or visit the websites listed in the "Additional Information" section of this guide.

1.2 What to expect

Spread

- Pandemic influenza will be caused by a new sub-type of influenza A virus emerging from outside Canada.
- There could be two or three waves of influenza pandemic activity, either in the same year or in successive years. The length of each wave of illness will be approximately eight weeks.
- The epidemiological characteristics of the pandemic strain will be similar to seasonal influenza with respect to incubation period, period of communicability and mode of transmission.
- Individuals who recover from illness with the pandemic strain will be considered immune to that strain.

Response

- Vaccine for pandemic influenza will not be available for four to six months following the identification of the pandemic virus and will not be available for the first and possibly the second wave.
- Once vaccine is available it will be initially in short supply and high demand.
- Two doses of vaccine will be required to achieve the desired immune response.

- Antiviral medications which are used for treatment and prevention of seasonal influenza will be in limited supplies.
- Community-based disease control strategies may be implemented to slow down transmission of the virus and may include closure of schools, child care centres and restriction of large public gatherings. Criteria for decision making will be set within the specific context the outbreak situation.
- Under normal circumstances, influenza assessment, treatment and referral services will be provided by primary care practitioners. In the event of a severe pandemic, flu centres may be established to provide influenza assessment, treatment and referral services to vulnerable patients and those who do not have a regular primary care provider.
- Where there is scientific uncertainty about potential occupational health and safety risks, decision making processes will be guided by the precautionary principle.

Impacts

- The impact of illness on Torontonians may be significant. Over the course of a moderately severe pandemic, an estimated 15 to 35 % of the population may become ill and be unable to continue with regular activities for a period of time (a minimum of half a day).
- About 30–50% of those infected with influenza may not experience any symptoms while the remainder of individuals may experience a range of symptoms from mild to severe.
- Employee absenteeism will be affected by illness, care for ill dependents, child care needs, bereavement and anxiety about infection. Total absenteeism from these factors could affect up to 20% to 25% of the workforce at the peak of the first wave.
- In the event of widespread and possibly severe illness, supply chains of goods and services will likely be interrupted and social disruption will occur.
- The psychological impact on the public will likely be significant.

The implications of these assumptions are discussed in detail in the plan.

2.0 Pandemic Influenza Information

Influenza is a common and highly contagious viral respiratory illness which presents with acute onset of fever, cough and one or more of the following: sore throat, arthralgia, myalgia, or prostration (as well as gastrointestinal symptoms in children under five).

Influenza epidemics occur in our community almost every year, usually in the winter. A pandemic is an epidemic that occurs worldwide or over a large area, crossing international boundaries and usually affects a large number of people. Historically influenza pandemics have occurred three or four times each century, with the last one occurring in 1968. Most health experts agree that another influenza pandemic will occur, but the exact timing and severity cannot be predicted. Planning and preparedness activities for such an emergency have begun and are ongoing, with the goals of minimizing illness, death and societal disruption.

Toronto Public Health (TPH) is the lead health agency for pandemic influenza planning, preparedness and response in the City of Toronto. Local planning is based on the Canadian Pandemic Influenza Plan (CPIP) and the Ontario Health Plan for an Influenza Pandemic (OHP/IP). TPH responsibilities include surveillance and reporting, health risk assessment and communications, public health measures such as case and contact investigation and management, liaison with hospitals and other agencies, the distribution and administration of vaccine, and for ensuring psychosocial supports. In addition, the Ministry of Health and

Long-Term Care (MOHLTC) has directed TPH to play a coordinating role in the broader health care sector in the City.

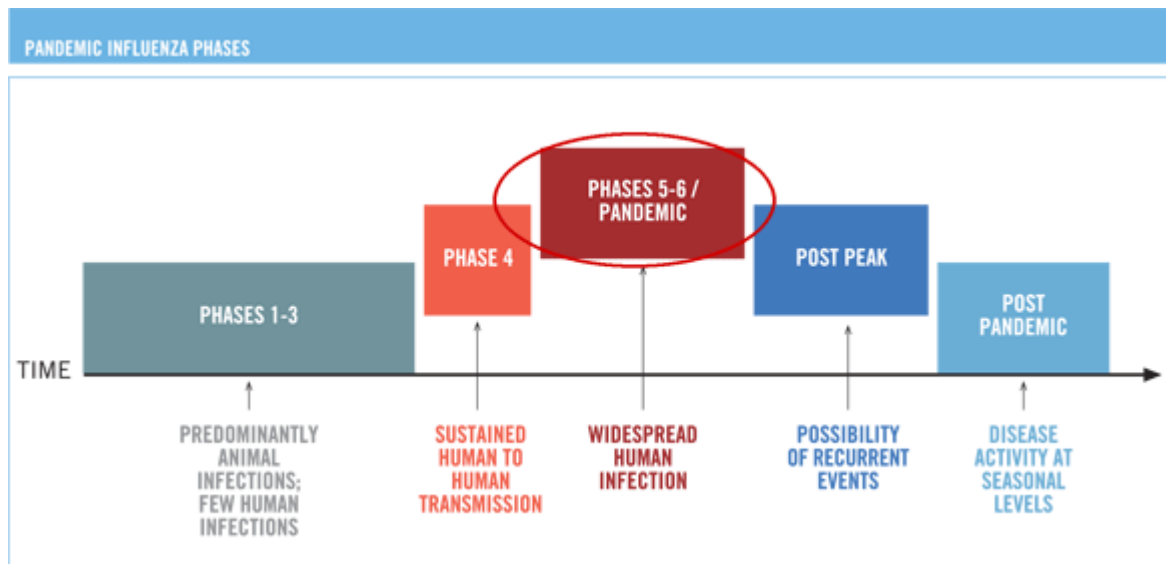
The Toronto Public Health Plan for an Influenza Pandemic (TPHIP) will become a component of a Public Health Emergency Operating Procedure under the City of Toronto Emergency Plan. The City of Toronto Emergency Plan establishes the framework that ensures that the City is prepared for major emergencies. It is designed to ensure that all agencies, which may become involved in an emergency, are fully aware of their respective roles and responsibilities during an emergency.

The TPH plan was first released in November 2005 and was the product of extensive consultation with a wide range of partners and stakeholders. The TPHIP is an evolving document which outlines emergency preparedness and response activities specific to an influenza pandemic. It focuses on the activities of Toronto Public Health during such an event. Toronto Public Health updates its plan online on an ongoing basis.

2.1 World Health Organization alert phases

In the 2009 revision of the phase descriptions, WHO has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena. Phases 1–3 correlate with preparedness, including capacity development and response planning activities, while Phases 4–6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities.

At the time this document was updated (July 2009) the world was in pandemic phase 6.



Taken from: http://www.who.int/csr/disease/avian_influenza/phase/en/

In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in **Phase 1** no viruses circulating among animals have been reported to cause infections in humans.

In **Phase 2** an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in **Phase 5**. Designation of this phase will indicate that a global pandemic is under way.

During the **post-peak period**, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.

In the **post-pandemic period**, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.

3.0 Role of Toronto Public Health During a Pandemic

TPH takes the lead in developing a local pandemic influenza plan for the City of Toronto. Although local planning is critical, many decisions made at the federal or provincial levels must be followed locally, such as establishing who has priority in receiving vaccination once a pandemic vaccine becomes available.

TPH has specific roles during the response to an influenza pandemic which include:

- Disease surveillance and reporting.
- Case and contact investigation and management.

- Health risk assessment and communications, including infection control advice.
- Liaison with hospitals and other agencies.
- Assessing the capacity of local health services, including health human resources.
- Community-based disease control strategies.
- Mass immunization.
- Planning for alternative strategies for influenza assessment, treatment and referral services for vulnerable and underserved populations.
- Coordinating the provision of psychosocial supports.

The roles of TPH and the City of Toronto are described in more detail in the Toronto Pandemic Influenza Plan - Chapter 1, available at www.toronto.ca/health/pandemicflu/pandemicflu_plan.htm

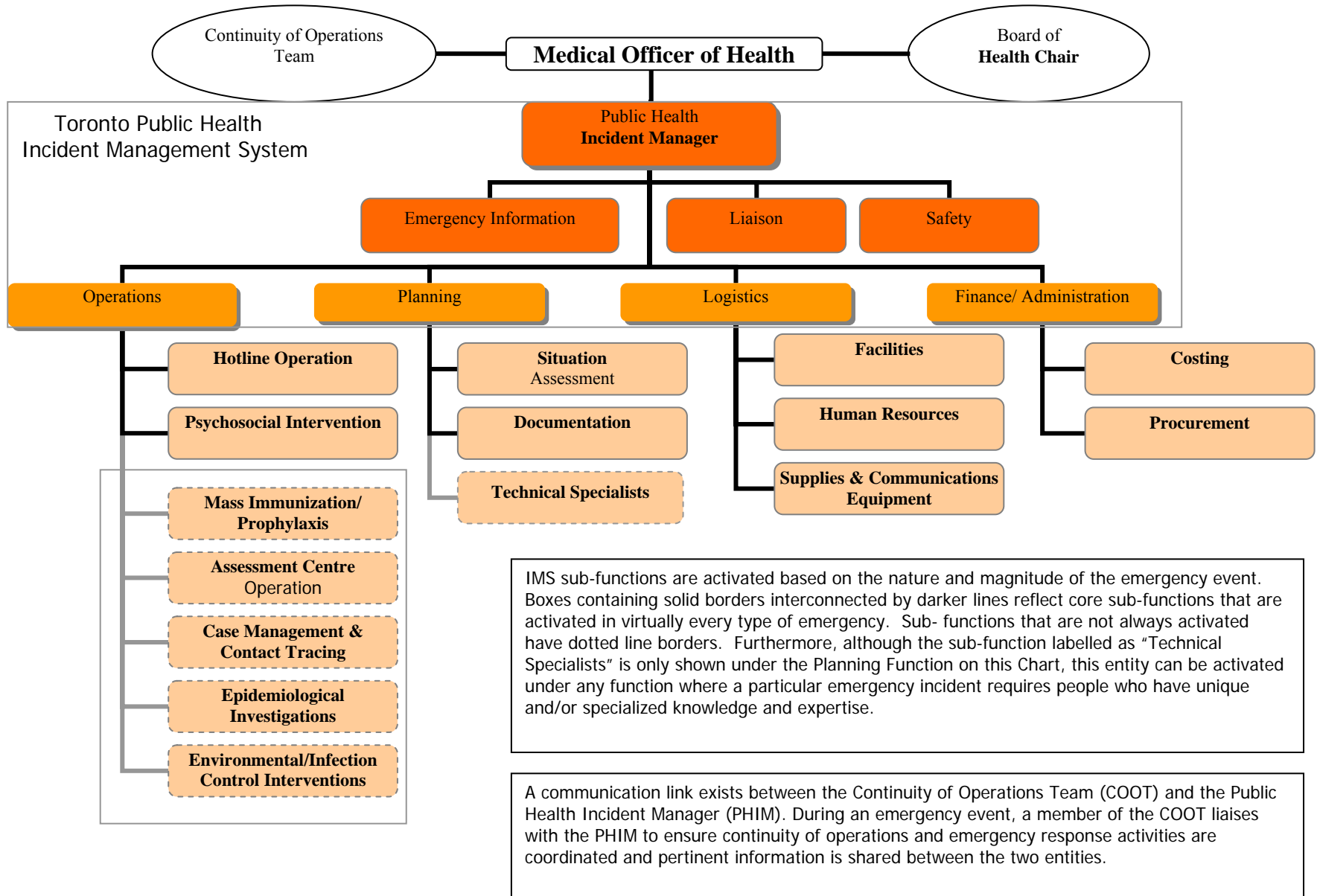
3.1 Incident Management System

The Incident Management System (IMS) is an emergency response model. It provides a way of coordinating the efforts of agencies and resources by using a common organizational structure that can expand or contract based on the scope of response.

The IMS is used by agencies across the City to respond to emergencies. TPH has adopted the IMS and will organize itself accordingly to communicate, cooperate and respond collectively with other City emergency response partners. Figure 1 illustrates TPH's IMS organization and functions in a pandemic which will allow TPH to coordinate our own efforts, integrate our activities with other responding agencies and manage resources during an emergency.

For more detailed information on IMS, refer to the Toronto Pandemic Influenza Plan – Chapter 3, available at www.toronto.ca/health/pandemicflu/pandemicflu_plan.htm

Figure 1 – Toronto Public Health Incident Management System



4.0 Challenges During a Pandemic

Organizations will likely face a number of significant challenges as a result of the widespread illness and social disruption that may occur during an influenza pandemic.

4.1 Employee absenteeism

Public Health Agency of Canada estimates that 15 to 35% of the population will become ill during the course of a pandemic and may be unable to work for a period of time. Many people who are not ill may stay home to care for children, other family members, or friends who are ill. As well, some people may stay home due to concerns or fears about potential exposure to influenza in the community and in the workplace. The resulting high rates of employee absenteeism will affect every sector and every part of the City. Strategies to manage staffing shortages include redeploying staff from non-urgent activities or drawing on additional workers such as recent retirees, students, or volunteers.

To support our health care system and the City's critical infrastructure whenever possible, health care providers or emergency/essential service providers should consider having their spouse/partner stay home to care for sick family members or provide child care.

4.2 Supply chain disruption

Given widespread social disruption and employee absenteeism, supply chains may be interrupted. The pandemic will affect countries around the world, with some regions hit earlier, longer, and harder than others. If border crossings or transportation systems are disrupted, the delivery of supplies may be delayed.

Organizations should purchase from local suppliers wherever possible, make plans for regular shipments, and stockpile six to eight weeks of critical supplies (those required to maintain service operations). In addition to critical supplies, your organization should have an adequate supply of disposable tissues, hand sanitizers, and hand-washing supplies.

4.3 Public health measures

Public health measures are non-medical interventions that may be used to reduce the spread of the influenza virus in the community. These measures may include public education, case and contact management, and community-based disease control measures such as restricting public gatherings (e.g., conferences or sporting events) or closure of schools and day nurseries. In addition, the federal government may issue travel restrictions and screening of travelers.

The Provincial Chief Medical Officer of Health will make specific recommendations about the measures recommended for use province wide. This will help to ensure that the types of public health measures implemented across Ontario are consistent. The decision to implement public health measures will be made by Toronto's Medical Officer of Health in consultation with the Ministry of Health and Long-Term Care and neighbouring jurisdictions, where possible and would be triggered by the characteristics of the pandemic strain and the phase of the pandemic.

4.4 Changes in demand for services

During an influenza pandemic, the people of Toronto will need access to information and City services to help reduce the impacts of the pandemic on their health (e.g., emergency services, public health services, and clean water) and daily activities (e.g., public transit).

To prepare for an influenza pandemic, each business must develop a business continuity plan that:

- identifies the organization's mandated and critical services
- ranks all services in order of priority
- identifies the internal and external effects of disruptions

5.0 Critical Elements of Emergency Preparedness

5.1 Communication

Communication will be critical to an effective response to the pandemic. All organizations should have plans in place for communicating with employees during an emergency. Phone trees or e-mail lists ensure rapid and efficient communication with a large number of employees, provided that employee contact information is kept up-to-date. Your organization may choose to designate one individual who will be responsible for receiving and communicating information. Strategies should also be developed for communicating with clients and stakeholders about changes to or disruptions in services.

5.2 Education and training

Education and training sessions should be developed and provided to staff regarding emergency and business continuity plans, so they will know their roles and responsibilities. Staff should also be trained in infection control precautions and the proper use of personal protective equipment.

5.3 Skill set inventory

The skills of all employees and the skills needed to provide the critical services of the organization should be recorded. The skill set inventory provides the planners with the ability to identify transferable skills that would allow an employee to be transferred from one task, job, or workplace to another without the need for extensive training or close supervision.

5.4 Business continuity plan

Organizations will need to prepare for pandemic influenza to reduce the impact on their operations and ensure continuation of services wherever possible. Businesses must also begin to prepare for the specific disruptions they may face during a pandemic and develop a business continuity plan. This information will assist businesses with planning and preparedness for any emergency.

Business continuity planning includes:

1. Establishment of a steering committee or lead individual
2. Business impact analysis
3. Business continuity plan
4. Readiness procedures
5. Quality assurance

These topics are further explained below:

1. Establishment of a steering committee or lead individual

The first step in the planning process is to establish a Steering Committee or designate an individual to oversee, support, and direct the development of a business continuity plan. This includes:

- providing strategic direction and communicating essential messages
- approving the results of the business impact analysis
- reviewing critical services
- approving continuity plans and arrangements

2. Business impact analysis

The business impact analysis provides the organization with a list of critical services and identifies how disruptions will affect internal and external stakeholders. The analysis involves the following steps:

- review the mandate of your organization and determine which services must continue during an emergency.

- for each service, identify:
 - ◀ the impact of a disruption and the length of time the organization or the community could function without the service
 - ◀ additional expenses that arise due to the loss of service
 - ◀ intangible expenses such as loss of image or reputation
- identify any insurance requirements
- rank the critical services according to:
 - ◀ the severity of impact a disruption would cause
 - ◀ time required to recover from the disruption
- identify internal and external requirements for providing the services:
 - ◀ internal – employee availability, equipment, facilities, vehicles, etc.
 - ◀ external – suppliers, utilities, transportation, etc.

3. Business continuity plan

A business continuity plan should be created for each critical service identified in the business impact analysis. The business continuity plan is a detailed list of response and recovery activities and arrangements to ensure that all necessary actions are taken to provide services during an emergency.

In planning for service continuity, organizations should:

- identify risks that might threaten the service and develop methods to eliminate or reduce the risk
- analyze current recovery capabilities and review current recovery plans
- create business continuity plans that can be changed as the severity of the emergency changes; plans should be based on the most realistic and effective option

4. Readiness procedures

The key to any business continuity plan is to ensure that the staff carrying out the plan have been properly trained and that the plan's readiness has been tested. This means:

- briefing all staff on the contents of the plan and their roles in the event of an emergency
- ensuring that managers or staff with specific functions outlined in the plan are trained in those functions and conducting exercises to ensure a high level of competence and readiness

5. Quality assurance

The business continuity plan should be reviewed regularly to identify opportunities for improvement and to ensure that it meets any new demands of the organization or addresses emerging risks.

For further information on business continuity planning, visit Public Safety and Emergency Preparedness Canada at www.psepc-sppcc.gc.ca

5.5 Changes in staffing and redeployment

High rates of absenteeism may result in changes to staffing, chains of command, hours of work, or employee responsibilities. Organizations should discuss these implications with employees, unions, and human resources staff before an emergency begins.

During an emergency, organizations may delegate new job functions to employees or move employees to other job sites where they are most needed.

5.6 Human resources policies

All workplaces should develop alternate human resource policies for a pandemic emergency to address the following issues.

Attendance management

During an influenza pandemic, TPH will advise ill people to stay home. However, attendance management policies may create barriers to staff staying home. For example, your organization may require employees to obtain physician notes following a certain number of consecutive days of absence due to illness. During an influenza pandemic the health care system may be overwhelmed with people seeking necessary medical attention. Requests for physician notes will contribute to the demands on the health care sector unnecessarily. Current policies that may pose a barrier to effective disease control and prevention should be suspended or revised as appropriate.

Ill employees at work

During a pandemic, some employees will develop symptoms of influenza while at work. These individuals should immediately leave the workplace to help slow the transmission of the virus. Ill employees should be requested by their manager or supervisor to leave work even if they do not have sick day credits. Organizations will need to address the issue of compensation for this type of situation. Directions on when employees who are recovering from influenza illness can return to work will change depending on the characteristics of the flu virus causing the pandemic. This guidance will be widely publicized once a pandemic occurs.

Emergency scheduling

During a pandemic, work schedules may have to be changed. In planning for these changes, organizations must consider the implications of:

- shift changes
- changes to hours of work
- compensation and scheduling of overtime
- the need to assign the most qualified employees to specific tasks
- training employees for newly assigned work
- provision of food to employees
- parking requirements or reimbursement for transportation expenses
- scheduling of breaks

The current collective agreement, if applicable, may not adequately address these issues. Organizations should negotiate solutions to these issues with each relevant union so that emergency response plans can be implemented effectively and efficiently.

5.7 Occupational health and safety

A pandemic will likely cause a high level of fear and anxiety among the general population. Employees will be concerned about their own health and the health of their families. They may be concerned about potential exposure to influenza in the workplace and, as a result of these concerns, some may refuse to work. Employees will have questions relating to occupational health and safety. Informing employees of their rights, providing training and equipment as appropriate, and communicating openly about emergency planning processes will help to alleviate anxiety.

Psychosocial support

People affected by a disaster, such as a pandemic, must adjust to major changes in their lives. People may be grieving for friends or family members and may have to deal with personal or family crises. Many people will need to talk about their feelings and experiences and learn how to face the challenges of an unknown future.

All organizations should develop strategies to increase psychosocial support for both employees and clients during a pandemic.

5.8 Infection prevention and control measures

TPH has developed hand washing, hand sanitizing and cover your cough posters and fact sheets which are available on our web site at www.toronto.ca/health

Infection control measures are actions that can help prevent the spread of the influenza virus in the workplace and other settings. These measures include:

(a) Practise hand hygiene

Clean your hands frequently with an alcohol-based hand sanitizer or soap and water, especially after you cough, sneeze, or blow your nose. A 60 to 90% alcohol-based hand sanitizer is the preferred agent for hand hygiene unless your hands are visibly soiled. If your hands are visibly soiled, you should wash them with soap and water. If you are not near water and your hands are visibly soiled, clean your hands with a moist towelette to remove visible debris, then use an alcohol-based hand sanitizer. The influenza virus is easily killed by soap, hand wash or hand sanitizer products. Therefore gloves or special antibacterial hand wash products are not needed. Hand washing/sanitizing is a very important method to prevent the spread of pandemic influenza.

Hand washing procedure

1. Wet hands.
2. Apply soap.
3. Lather for 15 seconds. Rub between fingers, back of hands, fingertips, under nails.
4. Rinse well under running water.
5. Dry hands well with paper towel or hot air blower.
6. Turn taps off with paper towel, if available.

Hand sanitizing procedure

1. Apply sanitizer (minimum 60% alcohol-based).
2. Rub hands together.
3. Work the sanitizer between fingers, the back of hands, fingertips, under nails.
4. Keep rubbing hands until they are dry.

(b) Practise respiratory etiquette

People should be encouraged to cover their mouth and nose when they cough or sneeze. This will help stop the spread of germs that can make people sick. It is important to keep your distance (e.g., more than one metre/three feet) from people who are coughing or sneezing, if possible.

Cover your cough procedure

1. Cover your mouth and nose with a tissue when you cough, sneeze or blow your nose.
2. Put your used tissues into the waste basket.
3. If you don't have a tissue, cough or sneeze into your sleeve, not in your hands.
4. Wash your hands with soap and water or hand sanitizer (minimum 60% alcohol-based based).

(c) Avoid touching your eyes, mouth and nose

Influenza spreads when the infected respiratory secretions from the mouth or nose of one person come into contact with the mucous membranes (mouth, nose or eyes) of another person. Without even

realizing it, you may touch the infected nose and mouth secretions of someone who has influenza (e.g., by shaking hands). If you go on to touch your mouth, nose or eyes, the influenza virus may gain entry into your body causing infection.

(d) Stay home if you are ill

Most adults infected with influenza can transmit the virus from 24 hours before and up to five days after they begin to experience symptoms. For some adults and for young children, this period may last for seven or more days. Some experts believe that people are most infectious in the first three days after they are infected with influenza. Directions on when employees who are recovering from influenza illness can return to work will change depending on the characteristics of the flu virus causing the pandemic. This guidance will be widely publicized once a pandemic occurs.

(e) Use of masks and N95 respirators

The use of masks and N95 respirators is a difficult and unresolved issue. According to the Canadian Pandemic Influenza Plan, there is no evidence that the use of masks in public will protect an individual from infection when the influenza virus is circulating widely in the community. However a person wearing a mask/respirator properly at the time of exposure to influenza may benefit from the barrier that it provides.

Many people believe that a mask will protect them against influenza in all circumstances but this remains unproven. Once a pandemic influenza virus is circulating widely, masks will have little impact on your risk of infection in the community as the number of potential sources of infection and exposure circumstances will be too numerous. N95 respirators/masks are most beneficial when used to protect an individual during a specific exposure situation such as a health care worker caring for an individual possibly infected with influenza.

Toronto City Council has urged the federal and provincial ministers of health to give further consideration to the wearing of masks in situations where potential exposure to infectious individuals is unavoidable

(f) Cleaning workplaces

People with influenza may contaminate their surroundings with respiratory secretions from their nose and mouth. Surfaces that are touched frequently by people (e.g., door knobs, computer terminals, bathroom faucets or other shared equipment) should be cleaned more often than usual during a pandemic, if possible. The influenza virus is easily killed by regular cleaning products, therefore special cleaning agents or disinfectants are not required. Organizations should follow their current infection control protocols for cleaning and disinfecting. Garbage created by a person with known or suspect influenza does not need any special handling and may be placed with the regular garbage for disposal.

(g) Social distancing in the workplace

During an influenza pandemic, the more people you are in contact with, the more you are at risk of coming in contact with someone who is infected with influenza. Social distancing means reducing or avoiding contact with other people as much as possible. Some workplace strategies to achieve this may include:

- minimizing contact with others by using stairs instead of crowded elevators; canceling non-essential face to-face meetings and using teleconferencing, e-mails, and faxes instead; staying two metres (six feet) away from others when a meeting is necessary
- avoiding shaking hands, hugging, or kissing people
- bringing lunch and eating at your desk or away from others

6.0 Homeless and Housing Service Providers – Specific Issues

This section of the guide was developed in collaboration with a sub-committee of Toronto's Infectious Diseases Preparedness Protocol Community Reference Group and reflects specific issues identified by these stakeholders. This section provides sector specific information which complements the general information outlined in sections 1 to 5.

Agencies that provide temporary housing, congregate living spaces or other services for people who are homeless or underhoused such as shelters, drop-in centres, rooming houses, boarding houses, supportive housing units, and Out-of-the-Cold programs are extremely diverse. They offer programs to a wide variety of clients, and operate under different organizational and funding structures. This planning guide is intended to support the planning process and each agency should adapt this guide to its own setting.

What to expect

During an influenza pandemic, community agencies may need to provide basic support to ill individuals, as hospitals will be overwhelmed. Agencies will also need to support the isolation of ill individuals when it is not possible to isolate these individuals elsewhere. Service providers are not expected to provide complex care to ill individuals. If an individual's health status deteriorates, service providers should seek medical attention by contacting a hotline such as Telehealth Ontario, local health care provider, hospital, or 911.

Homeless and housing service provider agencies should consider partnerships with other health and non-health related agencies to develop strategies which may be used during an influenza pandemic. Agencies should consider the following when developing your pandemic influenza plans:

- connect with other health organizations (e.g., community health centres, hospitals, local physicians, public health, volunteer agencies)
- consult existing pandemic influenza plans (e.g., the Toronto Pandemic Influenza Plan)
- identify ways to share resources during a pandemic
- develop possible scenarios and identify disruptions that will be faced during an influenza pandemic and how they will affect the agency or facility

6.1 Basic principles of infection prevention and control in community living settings

The following are recommendations for routine practices for basic infection control during a pandemic. More detailed information on infection control can be found in Toronto Public Health's *"Breaking the Chain: Infection Prevention and Control Manual for Homeless and Housing Service Providers"* (2006).

(a) Hand hygiene

Hand hygiene is the cornerstone of infection control, particularly during an influenza pandemic.

Promote hand hygiene by:

- teaching clients and staff how to wash their hands
- posting signs reminding clients and staff to wash and/or sanitize their hands
- making hand washing supplies easily accessible, such as alcohol-based hand sanitizer, soap, water, towels, and garbage cans
- providing liquid soap for hand washing, or, if this is not possible, provide each person with his or her own bar of soap and towel to avoid contamination
- during a pandemic, making hand sanitizer available at convenient locations throughout the facility, such as at entrances to the building, in hallways, at doors to rooms, and at the bedsides of ill individuals

(b) Respiratory etiquette

Please refer to section 5.8 (b).

(c) Avoid touching your eyes, mouth and nose

Please refer to section 5.8 (c).

(d) Use appropriate personal protective equipment (PPE)

Agencies will need to support individuals who are ill and are currently living in a community living setting. It is important to base planning on the assumption that not all individuals who are ill with influenza can or need to be hospitalized.

The following recommendations for the use of personal protective equipment refer specifically to situations in which homeless and housing service providers provide “care in place.”

- Sit next to rather than in front of a coughing client when providing care.
- Wear an N95 respirator and eye protection when providing direct care to an ill client with influenza-like illness.
- Gloves are recommended when there is a risk of hand contact with a client’s body fluids. Gloves should be used as an additional measure and not as a substitute for hand hygiene.
- Wear gowns during client care where clothing might be contaminated.

How to put on and remove a mask

- Wash your hands before putting on a mask.
- Secure on head.
- Place over nose, mouth, and chin.
- Adjust fit.
- To remove a mask handle by elastic loop, tie, etc., as the front of the mask is dirty
- Remove from face, in a downward direction, using elastic loop, tie, etc.,
- Dispose of the mask in an appropriate receptacle, such as a garbage can. Do not re-use the mask.
- Wash your hands after removing the mask.

Criteria for selecting eye protection

- Eye protection must provide a barrier to splashes from the side.
- May be safety glasses or face shields.
- May be single use disposable or washable before reuse.
- Prescription eye glasses are not acceptable as eye protection.

How to put on and remove eye protection

- Position eyewear over eyes and secure to head using ear pieces.
- Outside of eyepiece is ‘dirty’; handle by earpieces.
- To remove, grasp earpieces with ungloved hands.
- Pull away from face.
- Place in designated receptacle for reprocessing.

Tips on selecting gloves

- The Public Health Agency of Canada recommends disposable medical gloves made of rubber, vinyl, nitrile, neoprene or latex.
- Medical gloves should never be used when handling cleaning chemicals. For environmental cleaning and disinfecting, general-purpose reusable rubber gloves are appropriate.

How to put on and remove gloves

- Gloves should be used whenever physical contact is expected with any bodily fluid (e.g., saliva, blood, mucous, stool).
- Wash your hands before putting on gloves.
- Pull gloves onto your hands and over the cuffs of your gown, (if wearing gown).
- Change gloves between caring for different individuals.
- To remove gloves, pull the first glove off without touching your hand (glove to glove) and roll the glove inside out as you slip it off. Pull the second glove off by sliding your finger inside the glove (skin to skin) and roll the glove inside out as you slip it off.
- Dispose of the gloves in an appropriate receptacle, such as a garbage can. Do not re-use gloves.
- Wash your hands after removing gloves.

For additional information, refer to Toronto Public Health's "*Breaking the Chain: Infection Prevention and Control Manual for Homeless and Housing Service Providers*".

(e) Equipment

In all settings where care is delivered, staff should follow procedures for managing and disposing of equipment (e.g., digital thermometers, goggles, gloves, masks) consistent with the Public Health Agency of Canada Guidelines (www.phac-aspc.gc.ca/publicat/ccdr-rmtc/98pdf/cdr24s8e.pdf).

Take only the equipment needed into the area where care is provided to individuals. Clean and disinfect all reusable equipment. Whenever possible, use disposable equipment that can be safely discarded with the regular garbage. Dispose of this equipment immediately after leaving the room where care has been delivered.

(f) Food services

During an influenza pandemic, community living settings should reinforce routine food safety and sanitation practices. Facilities should also consider the following:

- reinforce regular hand washing by staff members who prepare food
- discourage the sharing of dishes, cutlery, and other items
- use disposable cutlery and pre-packaged food, if staffing levels are low
- consider stockpiling a 6–8 week supply of non-perishable food, in case deliveries of food are disrupted
- if regular services are interrupted, plan for alternative food supplies

For more information on food and water supplies, visit the City of Toronto Office of Emergency Management website at www.toronto.ca/oem

For recommendations on proper food handling, call Toronto Public Health at 416-338-7600 or visit www.toronto.ca/health/he

(g) Develop or review infectious disease protocols, policies, and procedures

Develop or review existing protocols on infection control and response to infectious diseases. For example, during an influenza pandemic:

- You may be placing clients with ILI in a flu room. In this situation you will also need an individual to screen people on admission for ILI. Individuals with symptoms should be placed directly in isolation until influenza infection can be ruled out.
- Require that all people sanitize their hands upon entering the building. To minimize the number of staff required to oversee this requirement, consider using one primary entrance and closing secondary entrances.

(h) Train staff and clients on routine practices for infection control

- Consider using *TPH's "Breaking the Chain: Infection Prevention and Control Manual for Homeless and Housing Service Providers"* to raise awareness of influenza pandemic planning and infection control practices <http://www.toronto.ca/health/cdc/infectioncontrolmanual.htm>.
- Consider providing in-service education sessions for staff on infection control and use of PPE.
- Educate clients on hand hygiene, respiratory etiquette, and other infection control practices for example by posting hand washing and respiratory etiquette signs.
- Provide staff access to infection control policies and procedures.

(i) Reduce client mobility

Homeless and under housed populations tend to be highly mobile in part because services are spread across multiple agencies. Over the course of a day, one individual may visit several agencies. During a pandemic, this high mobility may promote the rapid spread of the virus through this population. Strategies to reduce individuals' mobility include:

- limiting the movement of residents, such as transfers between shelters
- limiting the number of clients or visitors at drop-ins or other day programs
- canceling or postponing group activities, if possible
- providing incentives to reduce mobility; for example, re-organizing services so that three meals are offered at one facility, instead of one meal each at three different agencies

6.2 Supporting ill individuals

During an influenza pandemic, community living settings may need to provide basic support to ill individuals, since hospitals will be overwhelmed.

(a) Identifying influenza symptoms

What are the symptoms of influenza?

Infection with influenza can result in a wide range of illness. Half of the infected people will experience symptoms and the other half may not have any symptoms. Symptoms may include the following:

- sudden onset of fever, headache, chills, muscle aches, physical exhaustion, and a dry cough
- subsequent onset of sore throat, stuffy or runny nose, and worsening cough
- children may feel sick to their stomach, vomit or have diarrhea
- elderly and immune compromised people may not develop a fever

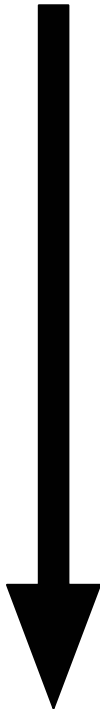
(b) Isolation

Most individuals will not need to be hospitalized. As a result, many ill individuals will need to be isolated in non-hospital settings. Ideally, an ill individual should be isolated as soon as possible to reduce the transmission of the virus.

Homeless and housing service providers may encounter a range of issues when attempting to provide isolation for an ill individual. Each setting will face its own challenges, depending on the population served, the services offered, and the physical lay-out of the facility. Some agencies, such as drop-in centres, may find care-in-place particularly challenging. The following are some of the issues agencies should consider when deciding on isolation options:

- Individuals in isolation need easy access to washrooms. This may pose challenges in dormitory-style settings. When accommodating a group of ill individuals, consider access to washrooms. If communal washrooms are used, clean them frequently.
- Ill individuals need access to food, drinks, and medications. Staff need to wear appropriate PPE when bringing supplies and providing support to ill individuals (e.g., mask and eye protection if providing direct face-to-face care within 2 metres of the ill person).
- Agencies should develop strategies for handling violent, aggressive, or non-cooperative clients who are ill and are required to remain in isolation. Ill individuals in isolation may also have other mental health issues that require intervention.
- During an influenza pandemic, policies related to access to smoking, drugs, or alcohol may need to be changed, particularly for individuals in isolation.
- Individuals in isolation may need to refill prescriptions or need access to daily medications such as methadone. Consider what assistance clients and guardians may need for obtaining and taking regular or over-the-counter medications. Different isolation options from ideal to least ideal for the isolation of ill clients in community living settings during an influenza pandemic are shown in figure 2 below.

Figure 2: Isolation in Community Living Settings

 <p>IDEAL</p> <p>LEAST IDEAL</p>	1. Maintain Routine Infection Control Practices <ul style="list-style-type: none"> ▪ Practise hand hygiene. ▪ Practise respiratory etiquette. ▪ Use appropriate personal protective equipment. ▪ Clean equipment. ▪ Clean environment. 			
	2. General Tips for Isolation within a Facility <ul style="list-style-type: none"> ▪ Separate individuals by more than 1 metre. ▪ Wear a N95 respirator when providing direct care within 2 metre (6 feet). ▪ Arrange beds so that individuals lie head to toe relative to each other. ▪ In larger rooms, create temporary physical barriers between beds, using sheets or curtains. ▪ Direct ill individuals to hospitals, if necessary. 			
	1 Person Ill	2 – 10 People Ill	More than 10 People Ill	Majority of People Ill
	Isolate in separate room (if possible)	Accommodate together in separate room	Accommodate together on one floor or in a separate section of the building	Accommodate together throughout the entire site
	Isolate in shared room	Accommodate together in common area	Accommodate together throughout the entire site	
	Isolate in large shared space	Accommodate together at one end of floor		

(c) Illness progression

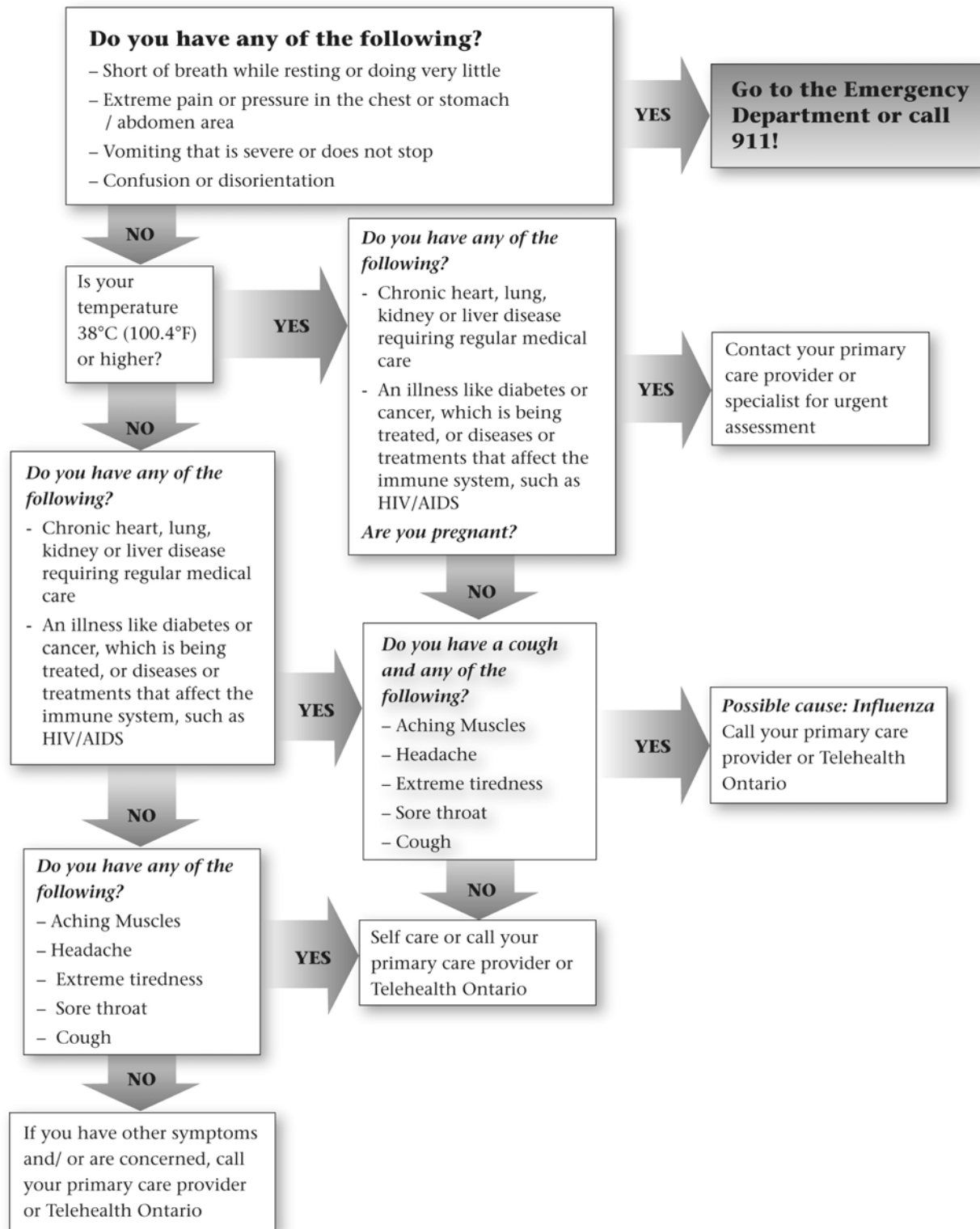
TPH's decision-making tool on when to seek medical attention, adapted from the Canadian Pandemic Influenza Plan self-care algorithm for adults, is provided to assist with decision making on whether an ill individual can look after himself or herself, or needs general medical advice or immediate medical attention (see Figure 3). Some agencies have on-site nursing or medical care or close ties with organizations or health care workers who can provide advice on the clinical management of ill individuals. The following planning strategies may strengthen an agency's capacity to make such decisions:

- Prepare contact lists of health providers and organizations.
- Consider discussions to engage them in providing consultation if needed. For example, boarding houses may have a designated house doctor to provide care for residents.
- Develop partnerships with health care providers, walk-in clinics, and family physicians or strengthen ties with organizations with expertise in the health care needs of homeless and under housed populations, such as community health centres, the Street Nurses Network, Street Health, Seaton House's infirmary, or Sherbourne Health Centre.
- Consider creating an informal network for homeless service providers and health care providers for emergencies such as an influenza pandemic.

What can clients do if they have a fever?

- Dress in lightweight clothing and keep the room temperature around 20°C (68°F).
- Drink plenty of cool fluids to replace fluids lost in sweat.
- Eat nutritious meals (e.g., soup).
- Acetaminophen (e.g., Tylenol™, Tempra™) is an over-the-counter medication that will help reduce fever. Use the dose and schedule recommended on the package or by the clients' doctor or pharmacist. Ibuprofen (Advil™ or Motrin™) may be used for children older than six months and for adults. Acetylsalicylic acid, also known as ASA, (Aspirin™) should not be taken by anyone under 18 years of age because it can lead to brain and liver damage (Reye's Syndrome).

Figure 3: Decision making tool for seeking medical attention for adults



(d) Deaths on site

An ill individual may die from influenza in a community living setting. During the pre-pandemic phase, agencies should establish connections with local funeral homes if connections have not already been established. Staff should have contact information for these funeral homes.

The coroner must be notified of all deaths that occur at community living settings. Planning is currently taking place with the regional coroner's office, emergency responders, Toronto's Office of Emergency Management and TPH, to plan for managing community deaths during an influenza pandemic emergency. Any new procedures for handling the bodies of those who die from pandemic influenza will be provided on the TPH internet.

Existing procedures for managing a death in a shelter/drop-in should be reviewed. The bodies of people who died of influenza are not considered contagious to others.

(e) Stockpiling supplies

Agencies should consider stockpiling critical supplies that will enable care on site for ill individuals:

- Medications used to bring fevers down, such as acetaminophen.
- Soap, paper towels, hand sanitizer, hand wipes, and tissues.
- Cleaning supplies, garbage bags, and other waste disposal supplies.
- Personal protective equipment, such as gloves, masks.
- Equipment, such as thermometers.

(f) Children whose parents are ill

If a client with children becomes ill in a family shelter and is unable to supervise his or her children, consider the following strategies:

- Ensure client emergency contact information is up to date and, if possible and appropriate, ask clients to identify temporary caregivers for their children.
- Try to locate family members or friends of the client who could care for the children temporarily.
- Find appropriate caregivers within the agency.
- Call Children's Aid Society for support or to arrange temporary custody as a last resort (see section 8.0 for contact information).

(g) Closure of agencies

It is extremely unlikely that shelters would be closed due to an influenza outbreak within the shelter. However, agencies should plan for the scenario that too many staff are off ill to provide normal levels of service delivery.

7.0 Planning Checklist

7.1 Planning checklist - short version

Planning Issues	Completed Yes/no	Comments
Does your organization have an emergency plan?		
Have you made your employees aware of emergency response plans?		
Have you identified which tasks and positions would be essential during an emergency?		
Have you considered alternative strategies on how to continue service delivery when normal methods are disrupted?		
Have you developed a service continuity plan for your organization for decreasing or altering the services that you offer?		
Have you considered how to keep your organization operational with a large number of staff ill and unable to work?		
Do you have a mechanism to monitor increases in staff absenteeism?		
Have you considered how to deal with employees who report to work ill?		
Do you know where to get up-to-date and accurate information about influenza and the pandemic?		
Have you trained your employees on proper hand hygiene and respiratory etiquette?		
Is your cleaning staff aware of proper disinfecting techniques during a pandemic?		
Have you considered stockpiling necessary supplies?		
In case of a death on-site, do you know who to contact (ambulance, coroner, funeral home)?		
Have you considered how you would communicate information to your staff and clients in an efficient manner?		
Have you considered how you would provide your staff with support and counseling?		

7.2 Planning checklist - long version

Planning Issues	Completed Yes/No/Not Applicable	COMMENTS Document who is responsible for each action and the decision making process
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Activation/Termination of Pandemic Flu Response Plan

Who has responsibility for activating the service continuity plan for your agency and who is that person's back-up?		
Has your agency identified a process through which the decision will be made to activate and terminate the plan?		
Do you have a communication strategy for reaching employees and service partners as a result of having to implement any section of the service continuity plan?		

Decision-making and Reporting

Who needs to approve the Pandemic Response Plan?		
Who is identified as being in charge in the event of pandemic influenza and are the roles of the various stakeholders clearly defined?		
Who makes what decisions?		

Agencies and Stakeholder Communications

Do you have a list of all relevant agencies and stakeholders and their contact information?		
Who notifies the various stakeholders?		

Communications with Staff and the General Public

Who will be in charge of communicating to the employees in your agency and who is their back up person(s) to assume this responsibility?		
Have you prepared site-specific notification for closures and contacts for the public?		

Planning Issues	Completed Yes/No/Not Applicable	COMMENTS Document who is responsible for each action and the decision making process
Who will be in charge of communicating with the general public?		
How will reduction/temporary termination of regular services be communicated to local stakeholders and the public?		
Who has authority to issue public service announcements/news releases and who is their alternate?		
How fast can these announcements be produced and approved?		
If mail service is interrupted, is there critical mail delivery which you need to make alternative arrangements for?		
<p>Do you know where to get up-to-date and accurate information about influenza and the pandemic?</p> <ul style="list-style-type: none"> ▪ Vaccine and antiviral medications information ▪ Infection control ▪ Personal care ▪ Public health measures 		

Planning

Who is in charge in the event of a pandemic episode and are the roles of the various stakeholders clearly defined? Who makes what decisions? Who notifies the various stakeholders?		
<p>Who do you need input from both internally and externally to prepare and review a service continuity plan for your agency?</p> <ul style="list-style-type: none"> ▪ Elected officials ▪ Legal counsel ▪ Community partners ▪ Labour unions and bargaining agents 		
Who needs to approve the service continuity plan?		
Is the pandemic influenza service continuity plan integrated with your emergency preparedness plan(s)?		
Is your agency's service continuity plan integrated the City of Toronto's Emergency Plan and Toronto Pandemic Influenza Plan?		

Planning Issues	Completed Yes/No/Not Applicable	COMMENTS Document who is responsible for each action and the decision making process
What is the staff capacity and are there provisions to bring in additional staff or volunteers?		
Have you identified the key services that must be provided? (Note: take into account minor to major lack of availability of staff due to illness)		
Has your agency identified possible key functions, staff positions, and supplies for each key service?		
Testing of the Plan		
How will you test and/or evaluate your service continuity plan?		
How will you test your communication systems, e.g., fan-out?		
Training and Orientation		
What are your training needs for staff and external stakeholders regarding: <ul style="list-style-type: none"> ▪ infection control measures ▪ environmental cleaning ▪ equipment use ▪ review of your organization's service continuity plan, including explanation of roles and responsibilities 		
What additional training will volunteers and reassigned staff require?		
Educational Materials		
Have educational materials been prepared?		
Have public education efforts been planned?		
Human Resources		
Is there a list of all employees, complete with telephone numbers (home and business) and job titles (including those recently retired)?		
Does your agency maintain a fan-out list to contact employees?		

Planning Issues	Completed Yes/No/Not Applicable	COMMENTS Document who is responsible for each action and the decision making process
Is there a contact list of all senior staff within your agency?		
If public transit becomes a problem, can employees arrange alternate forms of transportation to work, e.g., carpooling?		
Has your agency addressed the issue of staff being unable to report to work due to possible school and daycare closures?		
Do you currently have adequate staffing for regular day-to-day function?		
Do you have a mechanism to monitor increases in staff absenteeism?		
Has your agency prepared an inventory of skills and professional competencies in the event that people from your agency are required to perform duties/functions in other areas to maintain essential services?		
How has your agency planned to maintain the employee payroll?		
Health and Safety		
Is there a copy of the Health and Safety manual on site in your agency?		
Have insurance and union issues been addressed?		
Has an inventory been prepared for specialized equipment/facilities that may be needed during an influenza pandemic?		
Have liability issues been addressed for volunteers and re-assigned staff?		
Have support care services been planned for employees? <ul style="list-style-type: none"> ▪ Psychosocial support ▪ Grief counselling 		
Materials and Supplies		
Are there clearly stated policies and procedures that cover signing authority and acquisitions?		

Planning Issues	Completed Yes/No/Not Applicable	COMMENTS Document who is responsible for each action and the decision making process
Is there a mechanism that will ensure that additional equipment (e.g., cell phones, pagers, refrigerators, etc.) can be obtained with minimum delay?		
Who has authority for ordering repair/replacement for equipment and who is their alternate?		
Have you considered developing a 6-8 week stockpile of critical supplies required to maintain your “must do” services, and stockpile of infection control supplies (e.g., alcohol-based hand sanitizers, tissues)?		
Does your agency have contact lists for all your suppliers and alternate suppliers?		
Has a recovery phase been planned for (e.g., depleted supplies or backlogs)?		
Documentation and Record Keeping		
Has your agency developed appropriate record keeping procedures for such items as: <ul style="list-style-type: none"> ▪ Complaints and issues raised. ▪ Significant decisions that were made. ▪ Regular reporting to provincial/federal governments as required. 		
Are there people in your agency who have sole access to incoming information (e.g., reports, complaints, etc.) and who are their alternates?		
Information and Technology		
Does your agency maintain a central inventory of passwords to office equipment and electronic files?		
If your information and technology person is ill, who is their alternate?		
Does your agency have access to inventory (including serial numbers) of all computer equipment, printers, fax machines, photocopiers in case repairs are needed?		
Does your agency have contact lists for all equipment repair persons?		

Planning Issues	Completed Yes/No/Not Applicable	COMMENTS Document who is responsible for each action and the decision making process
Does your agency have the staff and equipment for a website/telephone call-in line to update staff and clients?		
Facilities		
Could any of the agency's services be provided from another work location or from home?		
If necessary, could staff live at the work location or alternative work location for some period of time?		
Who is your security contact should there be a problem with physical access to your work location and who is their alternate?		
How are courier packages generally sent out and received?		
Procurement of Additional Resources		
Who has the responsibility for procurement matters(e.g., ordering resources and/or equipment) during an influenza pandemic?		
Who will be responsible for payment issues related to overtime and/or additional salary issues and who is their alternate?		
Who has the authority to hire contract/temporary workers and to take on volunteers and who is their alternate?		
Is there a pre-approval process in place for purchasing additional supplies? If not, how long does it take for the approval process?		
Post Pandemic		
What are the immediate lessons learned from the previous wave when planning for multiple pandemic waves?		
Who will be responsible for evaluating your response to the pandemic?		
What factors should be included in the evaluation?		

Planning Issues	Completed Yes/No/Not Applicable	COMMENTS Document who is responsible for each action and the decision making process
Who will have the authority to notify the various employees, clients and stakeholders regarding the agency's return to full service?		
Who will decide to reinstate full service?		

Adapted from the Ministry of Health Pandemic Influenza Response Plan Template – July 27, 2001

8.0 Additional Information

City of Toronto

Office of Emergency Management

www.toronto.ca/wes/techservices/oem/index.htm

Toronto Public Health

www.city.toronto.on.ca/health/index.htm

Toronto Public Health – Emergency Planning & Preparedness Unit

www.toronto.ca/health/esu/index.htm

Toronto Public Health – Pandemic Influenza

www.toronto.ca/health/pandemicflu/index.htm

Learning from SARS: Recommendations for Toronto Public Health Emergency Preparedness, Response and Recovery

www.toronto.ca/legdocs/2004/agendas/committees/hl/hl041018/it003.pdf

Government of Ontario

www.gov.on.ca/

Ministry of Health and Long-Term Care

www.health.gov.on.ca/

Ontario Health Plan for an Influenza Pandemic

www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

Telehealth Ontario

1-866-797-0000

TTY : 1-866-797-0007

www.health.gov.on.ca/english/public/program/telehealth/telehealth_mn.html

Emergency Management Unit

www.health.gov.on.ca/english/public/program/emu/emu_mn.html

Ontario Best Practice Manual: *Preventing Febrile Respiratory Illnesses*

www.health.gov.on.ca/english/providers/program/infectious/diseases/ic_fri.html

Ministry Community Safety and Correctional Services

www.mpss.jus.gov.on.ca/

Emergency Management Ontario

www.mcscs.jus.gov.on.ca/english/pub_security/emo/about_emo.html

Government of Canada

www.canada.gc.ca/

Public Health Agency of Canada

www.phac-aspc.gc.ca/new_e.html

Canadian Pandemic Influenza Plan for the Health Sector
www.phac-aspc.gc.ca/cpip-pclcpi/index.html

Health Canada
www.hc-sc.gc.ca/

Global Pandemic Influenza Readiness
www.hc-sc.gc.ca/ahc-asc/intactiv/pandem-flu/index_e.html

Public Safety and Emergency Preparedness Canada
www.psepc-sppcc.gc.ca/index-en.asp

Public Safety and Emergency Preparedness Canada - Emergency Management
www.psepc.gc.ca/prg/em/index-en.asp

U.S. Department of Health and Human Services – Centers for Disease Control and Prevention

www.cdc.gov/

Information about Influenza Pandemics
www.pandemicflu.gov/

World Health Organization

www.who.int/en/

Pandemic Preparedness
www.who.int/csr/disease/influenza/pandemic/en/index.html

Global Influenza Preparedness Plan
www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5/en/index.html

Checklist for Influenza Pandemic Preparedness Planning
www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_4/en/index.html

Children's Aid Societies

Toronto Children's Aid Society
416-924-4646
www.torontocas.ca/

Catholic Children's Aid Society
416-395-1500
www.ccas.toronto.on.ca

Jewish Family and Children's Services
416-638-7800
http://www.toronto.com/community/listing/000-212-268#lon-79.4409_lat43.7635_zml3

Native Child and Family Services of Toronto
www.nativechild.org/